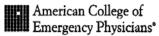
Emergency Information Form for Children With Special Needs



American Academy of Pediatrics



Date form
completed
By Whom

Revised

Initials

Initials

Revised

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Office of Emergency Medical Services

Name:	Birth date:	Nickname:				
Home Address:	Home/Work Phone:					
Parent/Guardian:	Emergency Contact Names & Relationship:					
Signature/Consent*:						
Primary Language:	Phone Number(s):					
Physicians:						
Primary care physician:	Emergency Phone:					
	Fax:					
Current Specialty physician:	Emergency Phone:					
Specialty:	Fax:					
Current Specialty physician:	Emergency Phone:					
Specialty:	Fax:					
Anticipated Primary ED:	Pharmacy:					
Anticipated Tertiary Care Center:						
Diagnoses/Past Procedures/Physical Exam:						
1.	Baseline physical findings:					
2.						
3.	Baseline vital signs:					
4.						
Synopsis:						
	Baseline neurological status:					

_		Proced	Jures/Ph	ysical Ex	am contii							
Medicatio	ons:					Significant ba	iseline anci	llary find	lings (lab,	x-ray, ECG	<u>):</u>	
1.												
2.												
3.												
J.												
4.						Prostheses/Appliances/Advanced Technology Devices:						
5.												
6.												
Manage	ement Da	ıta:										
Allergies	Medication	ns/Foods	to be avoid	ded		and why:						
1.												
2.												
	3. Procedures to be avoided and why:											
diu wily.												
1.												
2.												
3.												
	ntions (mm/	yy)			 							
Dates DPT						Dates Hep B						
OPV			+			Varicella						
MMR						TB status						
HIB						Other						
Antibiotic p	Antibiotic prophylaxis: Indication: Medication and dose:											
Commo	on Presei	nting P	roblems	/Findings	With Spe	ecific Sugge	sted Mar	nageme	ents			
Common Presenting Problems/Findings With Specific Suggested Managements Problem Suggested Diagnostic Studies Treatment Considerations												
Comments on child, family, or other specific medical issues:												
Physician/Provider Signature: Print Name:												

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